

OCT 13 2005

Attorney's Docket No: 58013.022800

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: :  
David H. Parker et al. : Group Art Unit: 2875  
Serial No.: 09/933,562 : Examiner: Ton, Anabel  
Filed: August 20, 2001 : Confirmation No.: 6565  
For: PISTOL GRIP FLASHLIGHT :

**AMENDMENT TRANSMITTAL**Total Pages: 25

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS  
BEING TRANSMITTED VIA FACSIMILE TRANSMISSION TO  
THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AT (571) 273-8300 ON OCTOBER 13, 2005.

BY

  
PAUL R. MAHAN

1. Transmitted herewith is a Response Under 37 C.F.R. § 1.116 in response to the outstanding final Office Action mailed on August 5, 2005, in the above-referenced application.

2. Additional papers enclosed:

- ☐ Drawings: ☐ Formal (Corrections) ☐ Informal
- ☐ Supplemental Information Disclosure Statement (PTO Form 1449)
- ☐ Submission of "Sequence Listing." Computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.
- ☐ Change Of Correspondence Address

3. EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136(a) apply.

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time.

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- ☐ Applicant petitions for an extension of time, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

| Total Months<br>Requested             | Fee for<br>Extension | Fee for Small<br>Entity |
|---------------------------------------|----------------------|-------------------------|
| <input type="checkbox"/> one month    | \$120.00             | \$ 60.00                |
| <input type="checkbox"/> two months   | \$450.00             | \$225.00                |
| <input type="checkbox"/> three months | \$1,020.00           | \$510.00                |
| <input type="checkbox"/> four months  | \$1,590.00           | \$795.00                |

- ☐ Extension of time fee due with this request: \$ \_\_\_\_\_

- ☒ If an extension of time is required, please consider this a Petition therefor.

- ☐ An extension for \_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

4. Fee Calculation

| CLAIMS AND FEES                                   |   |       |                                   |                  |                      |            |
|---|---|-------|-----------------------------------|------------------|----------------------|------------|
|   | Claims<br>Remaining<br>After<br>Amendment |       | Highest No.<br>Previously<br>Paid | Present<br>Extra | AT Rate Of           | Total Fees |
| Total Claims                                      | 69  | Minus | 72                                | 0                | x \$25.00 each =     | +\$ 00.00  |
| Independent<br>Claims                             | 24  | Minus | 24                                | 0                | x \$100.00 each<br>= | +\$ 00.00  |
| First presentation of multiple dependent claim(s) |   |       |                                   |                  | \$ 360.00            | +\$ 00.00  |
| SUB-TOTAL<br>=                                    |   |       |                                   |                  |                      | \$ 00.00   |
| TOTAL FEE =                                       |   |       |                                   |                  |                      | \$ 00.00   |

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## 5. Fee Payment

- ☒ No Fee is to be paid at this time.  
☐ A check for \$00.00 to cover the extension fees is enclosed.

☒ The Commissioner is also hereby authorized to charge any additional fees associated with this paper, or credit any overpayment to **Deposit Account No. 50-0653**.

Date: October 13, 2005

Respectfully submitted,

By: 

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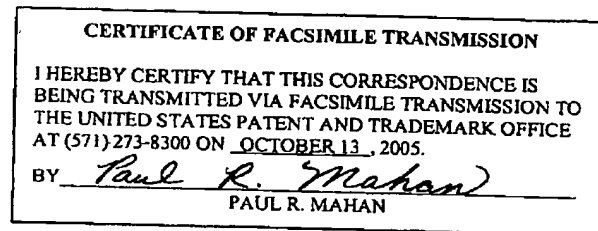
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**RESPONSE UNDER 37 C.F.R. § 1.116**

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SIR:

In response to the final Office Action mailed August 5, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 20 of this paper.